

Date : 2/18/2004 Time : 1:37:40 PM  
To : Commissioner of Patents  
Fax Number : 1(703) 872-9306  
Company : USPTO  
Subject : Withdrawal From Representation

Pages : 4

Law Office of Philip A Steiner  
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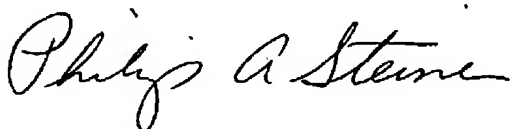
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Commissioner for Patents  
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Dear Sir,

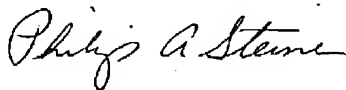
Pursuant to MPEP section 402.06, Attorney of record for pending patent applications 10/697,666 and 10/697,667 hereby requests withdrawal from representation. This request is being made pursuant to the client's request.

Best Regards,



Philip A Steiner, Esq  
reg.no.47,967

I hereby certify that this correspondence is being transmitted to the USPTO via facsimile on this date of 02/18/2004.

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PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/697,666/10/697,667	
	Filing Date	10/29/2003/10/29/2003	
	First Named Inventor	John Stanier/John Stanier	
	Art Unit	Unknown/3712	
	Examiner Name	Unknown/Bena Miller	
Total Number of Pages in This Submission	4	Attorney Docket Number	UT10152003/UT10012003

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Termination Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Requests for withdrawal Fax cover sheet
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Law Office of Philip A Steiner
Signature	<i>Philip A Steiner</i>
Date	February 18, 2004

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Philip A Steiner
Signature	<i>Philip A Steiner</i>
Date	Feb 18, 2004

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PTO/SB/83 (09-03)

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/697,666
Filing Date	10/29/2003
First Named Inventor	John Stanier
Art Unit	3712
Examiner Name	Unknown
Attorney Docket Number	UT10152003

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

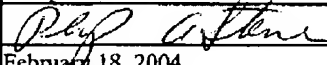
Request of clients

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

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OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Morrison and Forrester			
Address		555 West 5th Street			
Address					
City	Los Angeles	State	CA	Zip	90013-1024
Country	United States				
Telephone	(213) 892-5752			Fax	
Name	Philip A Steiner				
Signature				Registration No.	47,967
Date	February 18, 2004			Telephone No.	(805) 549-8877

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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